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**CONFIRMATION NO. 3325**

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/882,630	<b>FILING DATE</b> 06/13/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> ADIV-1790-AU
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**APPLICANTS**

Gary R. Dulak, Newport Beach, CA;  
Ralph V. Clayman, Clayton, MO;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A DIV OF 09/303,485 04/30/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

**\*\* 07/11/2001**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				

**Verified and Acknowledged**

Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

**ADDRESS**

Applied Medical Resources Corporation  
22872 Avenida Empresa  
Rancho Santa Margarita ,CA 92688

**TITLE**

Ureteral access sheath

<b>FILING FEE RECEIVED</b> 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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